

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 12  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>OHIO VOTER FUND POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00621995	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>JVA CAMPAIGNS LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 22 / 2016</b>	
Mailing Address <b>240 N 5TH ST</b> <b>SUITE 360</b>			Amount <b>163.00</b>	
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>WFT20167242224-1</b>	
Purpose of Expenditure <b>CAMPAIGN LITERATURE</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate <b>CLINTON HILLARY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		<b>848.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>JVA CAMPAIGNS LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 22 / 2016</b>	
Mailing Address <b>240 N 5TH ST</b> <b>SUITE 360</b>			Amount <b>163.00</b>	
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>WFT20167242227-1</b>	
Purpose of Expenditure <b>CAMPAIGN LITERATURE</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate <b>TRUMP DONALD</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		<b>848.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>326.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HOLT DAVID

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Date

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**08 / 24 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>OHIO VOTER FUND POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00621995	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>JVA CAMPAIGNS LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 22 / 2016</b>	
Mailing Address <b>240 N 5TH ST</b> <b>SUITE 360</b>			Amount <b>163.00</b>	
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>WFT20167242229-1</b> Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure <b>CAMPAIGN LITERATURE</b>		Category/Type		
Name of Federal Candidate <b>PORTMAN ROB</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>848.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>OVFPAC PAYROLL</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 22 / 2016</b>	
Mailing Address <b>20 S 3RD ST</b> <b>SUITE 210</b>			Amount <b>735.00</b>	
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>WFT20167242230-1</b> Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure <b>DOOR TO DOOR CANVASS</b>		Category/Type		
Name of Federal Candidate <b>CLINTON HILLARY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		<b>5486.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>898.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HOLT DAVID

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>OHIO VOTER FUND POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00621995	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>OVFPAC PAYROLL</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 22 / 2016</b>		
Mailing Address <b>20 S 3RD ST</b> <b>SUITE 210</b>			Amount <b>735.00</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>WFT20167242234-1</b>		
Purpose of Expenditure <b>DOOR TO DOOR CANVASS</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>PORTMAN ROB</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>5486.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>OVFPAC PAYROLL</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 23 / 2016</b>		
Mailing Address <b>20 S 3RD ST</b> <b>SUITE 210</b>			Amount <b>735.00</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>WFT20167242235-1</b>		
Purpose of Expenditure <b>DOOR TO DOOR CANVASS</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>CLINTON HILLARY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>6221.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1470.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>OHIO VOTER FUND POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00621995
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>OVFPAC PAYROLL</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 23 / 2016</b>
Mailing Address <b>20 S 3RD ST SUITE 210</b>		Amount <b>735.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>
Purpose of Expenditure <b>DOOR TO DOOR CANVASS</b>	Category/Type	Transaction ID : <b>WFT20167242237-1</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>TRUMP DONALD</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>6221.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>OVFPAC PAYROLL</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 23 / 2016</b>
Mailing Address <b>20 S 3RD ST SUITE 210</b>		Amount <b>735.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>
Purpose of Expenditure <b>DOOR TO DOOR CANVASS</b>	Category/Type	Transaction ID : <b>WFT20167242239-1</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>STRICKLAND TED</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought <b>6221.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1470.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 12  
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NAME OF COMMITTEE (In Full) <b>OHIO VOTER FUND POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00621995
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>OVFPAC PAYROLL</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 23 / 2016</b>
Mailing Address <b>20 S 3RD ST SUITE 210</b>		Amount <b>735.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>
Purpose of Expenditure <b>DOOR TO DOOR CANVASS</b>	Category/Type	Transaction ID : <b>WFT20167242238-1</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>PORTMAN ROB</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought <b>6221.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>JVA CAMPAIGNS LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 22 / 2016</b>
Mailing Address <b>240 N 5TH ST SUITE 360</b>		Amount <b>163.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>
Purpose of Expenditure <b>CAMPAIGN LITERATURE</b>	Category/Type	Transaction ID : <b>WFT20167242228-1</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>STRICKLAND TED</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought <b>848.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>898.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 6 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>OHIO VOTER FUND POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00621995
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>JVA CAMPAIGNS LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 23 / 2016</b>
Mailing Address <b>240 N 5TH ST SUITE 360</b>		Amount <b>163.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>
Purpose of Expenditure <b>CAMPAIGN LITERATURE</b>	Category/Type	Transaction ID : <b>WFT20167242241-1</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>CLINTON HILLARY</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
		<b>1011.00</b>

Full Name of Payee <b>JVA CAMPAIGNS LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 23 / 2016</b>
Mailing Address <b>240 N 5TH ST SUITE 360</b>		Amount <b>163.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>
Purpose of Expenditure <b>CAMPAIGN LITERATURE</b>	Category/Type	Transaction ID : <b>WFT20167242242-1</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>TRUMP DONALD</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
		<b>1011.00</b>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>326.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>OHIO VOTER FUND POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00621995	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>JVA CAMPAIGNS LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 23 / 2016</b>	
Mailing Address <b>240 N 5TH ST SUITE 360</b>		Amount <b>163.00</b>	
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>WFT20167242250-1</b>
Purpose of Expenditure <b>CAMPAIGN LITERATURE</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>PORTMAN ROB</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought		<b>1011.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>OVFPAC PAYROLL</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 22 / 2016</b>	
Mailing Address <b>20 S 3RD ST SUITE 210</b>		Amount <b>735.00</b>	
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>WFT20167242231-1</b>
Purpose of Expenditure <b>DOOR TO DOOR CANVASS</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>TRUMP DONALD</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<b>5486.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>898.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 8 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>OHIO VOTER FUND POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00621995	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>OVFPAC PAYROLL</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 22 / 2016</b>		
Mailing Address <b>20 S 3RD ST SUITE 210</b>			Amount <b>735.00</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>WFT20167242232-2</b>		
Purpose of Expenditure <b>DOOR TO DOOR CANVASS</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>STRICKLAND TED</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>5486.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>OVFPAC PAYROLL</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 24 / 2016</b>		
Mailing Address <b>20 S 3RD ST SUITE 210</b>			Amount <b>665.00</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>WFT2016724235-1</b>		
Purpose of Expenditure <b>DOOR TO DOOR CANVASS</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>CLINTON HILLARY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>6886.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>1400.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 9 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>OHIO VOTER FUND POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00621995	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>OVFPAC PAYROLL</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 24 / 2016</b>		
Mailing Address <b>20 S 3RD ST SUITE 210</b>			Amount <b>665.00</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>WFT2016724237-1</b>		
Purpose of Expenditure <b>DOOR TO DOOR CANVASS</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>TRUMP DONALD</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>6886.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>JVA CAMPAIGNS LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 24 / 2016</b>		
Mailing Address <b>240 N 5TH ST SUITE 360</b>			Amount <b>147.00</b>		
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>	Transaction ID : <b>WFT20167242315-1</b>		
Purpose of Expenditure <b>CAMPAIGN LITERATURE</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>CLINTON HILLARY</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>1158.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>812.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HOLT DAVID

[Electronically Filed]

Date

MM / DD / YYYY  
**08 / 24 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 10 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>OHIO VOTER FUND POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00621995
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>JVA CAMPAIGNS LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 24 / 2016</b>
Mailing Address <b>240 N 5TH ST SUITE 360</b>		Amount <b>147.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>
Purpose of Expenditure <b>CAMPAIGN LITERATURE</b>	Category/Type	Transaction ID : <b>WFT20167242317-1</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>TRUMP DONALD</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>JVA CAMPAIGNS LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 24 / 2016</b>
Mailing Address <b>240 N 5TH ST SUITE 360</b>		Amount <b>147.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>
Purpose of Expenditure <b>CAMPAIGN LITERATURE</b>	Category/Type	Transaction ID : <b>WFT20167242314-1</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>STRICKLAND TED</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>294.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HOLT DAVID

Signature

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Date

MM / DD / YYYY  
**08 / 24 / 2016**

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 11 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>OHIO VOTER FUND POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00621995
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>OVFPAC PAYROLL</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 24 / 2016</b>
Mailing Address <b>20 S 3RD ST SUITE 210</b>		Amount 665.00
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>
Purpose of Expenditure <b>DOOR TO DOOR CANVASS</b>	Category/Type	Transaction ID : <b>WFT20167242310-1</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>PORTMAN ROB</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought 6886.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>OVFPAC PAYROLL</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 24 / 2016</b>
Mailing Address <b>20 S 3RD ST SUITE 210</b>		Amount 665.00
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>
Purpose of Expenditure <b>DOOR TO DOOR CANVASS</b>	Category/Type	Transaction ID : <b>WFT20167242312-1</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>STRICKLAND TED</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought 6886.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	1330.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HOLT DAVID

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**08 / 24 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 12 OF 12  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>OHIO VOTER FUND POLITICAL ACTION COMMITTEE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00621995
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>JVA CAMPAIGNS LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 23 / 2016</b>
Mailing Address <b>240 N 5TH ST SUITE 360</b>		Amount <b>163.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>
Purpose of Expenditure <b>CAMPAIGN LITERATURE</b>	Category/Type	Transaction ID : <b>WFT20167242244-1</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>STRICKLAND TED</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
		<b>1011.00</b>

Full Name of Payee <b>JVA CAMPAIGNS LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 24 / 2016</b>
Mailing Address <b>240 N 5TH ST SUITE 360</b>		Amount <b>147.00</b>
City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>
Purpose of Expenditure <b>CAMPAIGN LITERATURE</b>	Category/Type	Transaction ID : <b>WFT2016724238-1</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>PORTMAN ROB</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
		<b>1158.00</b>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>310.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>10432.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HOLT DAVID

Signature

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Date

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**08 / 24 / 2016**